

Memorandum of Understanding

*Between the New Hampshire Department of Health and Human Services,
New Hampshire Department of Safety,
(Town of (list each town), City of (list each city) and (insert fiscal agent))*

Whereas, the New Hampshire Department of Health and Human Services, and its Division of Public Health Services, has been tasked to assure the health and well being of communities and populations in New Hampshire by protecting and promoting the physical, mental and environmental health of its citizens, and by preventing disease, injury and disability; and

Whereas, the New Hampshire Department of Safety, and its Bureau of Emergency Management, has been tasked to protect the lives and safety and preservation of the quality of life of New Hampshire citizens and visitors to our state on the highways, on the waterways, and in their homes and businesses. The Department of Safety also provides enhanced 911 emergency communications statewide, and is responsible for homeland safety and emergency management activities; and

Whereas, influenza pandemics have occurred three times in the last century, and history and science suggest that the United States and the world could face one or more pandemics in this century; and

Whereas, a pandemic can cause severe illness, death and disruption throughout the United States and the world, and outbreaks can occur in many different locations at the same time; and

Whereas, the Department of Health and Human Services has established a Pandemic Preparedness Coordinating Committee that reflects the fact that preparation for an influenza pandemic requires coordinated action at all levels of government – federal, state, and local, and all sectors of society, including health and human services, public safety, emergency management, agriculture, businesses, schools, faith-based and community organizations, families and individuals; and

Whereas, the State of New Hampshire has committed to taking a leadership role in creating a prepared State by monitoring communicable disease outbreaks, providing funding and technical assistance to regional and local preparedness, and coordinating the State response; and

Whereas, the Governor of the State of New Hampshire is committed to assisting communities to improve their level of preparedness, with an emphasis on performance management, avoidance of unnecessary duplication, and maximization of appropriated resources; and

Whereas, Congress has provided over \$3 billion for emergency spending authority to prepare the United States against the possibility of a pandemic, including funding for state and local planning purposes; and

Whereas, States and local communities are responsible under their own authorities for responding to an outbreak within their jurisdictions and having comprehensive pandemic preparedness plans and measures in place to protect their citizens; and

Whereas, the U. S. Department of Health and Human Services may provide additional resources for state and local influenza planning and preparedness activities, and require specific preparedness goals from States and localities as a condition of financial assistance, consistent with

its authorities and availability of funding; and

Whereas, the Department of Health and Human Services and the Bureau of Emergency Management have developed preparedness plans and conducted a statewide pandemic drill and recognize plans must be continuously exercised and updated to achieve a stronger level of preparedness; and

Whereas, pandemic preparedness will help communities deal with any type of public health emergency and will have lasting benefits for the health and safety of our State and Nation; and

Whereas, the Department of Health & Human Services, the Bureau of Emergency Management, and the New Hampshire Pandemic Preparedness Coordinating Committee believe that the health and well-being of New Hampshire citizens will be enhanced by assuring regional collaboration among municipal governments and partner organizations and by avoiding redundancies with any other funding otherwise intended for homeland security and emergency preparedness; and

Whereas, the State, counties, and local partners share common goals, and have shared and independent responsibilities for influenza planning and preparedness.

Therefore, the undersigned agree to the following:

Convene an All Hazards Site Regional Coordinating Committee to oversee the development of regional pandemic influenza plans and monitor progress under this agreement. The Committee shall allow for at least one representative from each municipal governmental authority in the identified All Hazards Site region and the designated fiscal agent for the entire region. In addition, the Committee shall represent, to the greatest extent possible, all relevant stakeholders in the region, including public health networks, health and human service organizations, public safety, agriculture, businesses, public and private schools, faith-based and community organizations, subject matter experts and public members and will recognize and build on the efforts already underway in the State. All Committee members shall have full voting rights.

Complete a self-assessment of local readiness utilizing a tool developed by the U.S. Centers for Disease Control and Prevention and a plan for addressing gaps identified during the assessment.

Develop regional pandemic influenza plans based on guidance and templates provided by the NH Department of Health and Human Services and Department of Safety. Such plans shall include, at a minimum, provisions for:

- Identification of special populations within the region and a plan to involve all special populations in planning and exercising efforts
- Continuity of governmental operations within each city and town
- Recruitment of volunteers to assist public health and safety responders
- An inventory of all available hospital, critical medical care, and behavioral health care capacity in the case of medical surge
- An inventory of locations where large-scale quarantine can take place.
- A mass vaccination plan
- Coordination with Emergency Medical Services.
- An inventory of educational institutions and the establishment of linkages to

ensure that effective school-based planning occurs, including participation by the Department of Education and Post Secondary Education Commission.

- Identification of legal representatives that can assist governmental entities with enforcement of isolation and quarantine, including linkages to the Office of the Attorney General
- Establishment of an inventory of volunteers that can be called upon to assist efforts of public health emergency responders and ensure community awareness of state and local efforts
- Risk communications and public education plans including communication plans that are directly linked to the statewide communication strategy to provide for continuity
- Training for direct care workers, volunteers, and others identified in the plan
- Education and training of the business community
- Identification of specific transportation issues and needs to be addressed by state or regional planning efforts
- Established coordination with local and state emergency operations centers
- National Incident Management System training, including incident command, that includes training governmental employees and private citizens
- Active involvement of faith-based communities

Regional plans shall be submitted to the Department of Health and Human Services within 180 days of the receipt of funding.

Assure that the operational plan for pandemic influenza response is an integral element of the overall State and Local Emergency Operations Plan and is compliant with Emergency Support Function 8 of the State Emergency Operations Plan and the National Incident Management System.

Conduct a tabletop exercise within 6 months of receipt of the funds. The exercise shall be conducted by the planning partners within the All Hazards Site region and will be evaluated by the Bureau of Emergency Management and the Division of Public Health Services. The results of the exercise shall be shared with the regional and state coordinating committees.

Conduct at least one community-wide forum prior to the release of the plan in each city and town in the All Hazards Site region. The forum will be publicly noticed and allow for community participation in the development of the regional plan.

Conduct at least one community-wide forum following the release of the plan in each city and town in the All Hazards Site region. The forum will be publicly noticed and allow for the education of the community as to the contents of the regional plan.

The Department of Health and Human Services and the Department of Safety will provide substantial guidance and technical assistance to regional partners addressing all of the components of the regional plan listed above including templates and other planning tools.

Consistent with its statutory authorities, direction from Congress, and Departmental regulations and policy, and subject to available funding, the State will provide each region an initial financial award for the purposes of engaging regional and local partners in coordinated pandemic planning. The State may make subsequent financial assistance available, subject to the above conditions and based on the region achieving specific preparedness goals as jointly agreed to by the State and the Regional Coordinating Committee.

All entities participating in the financial management of these funds for regional pandemic planning agree not to supplant any other public or private sources of funding. These activities are 100% federally funded, with no match required from state or local agencies. The fiscal agent(s) agree to participate in an audit as required by state and federal funders. This agreement will terminate at the conclusion of the funding period.

This agreement does not prevent identified All Hazards Site regions from pooling together their resources so long as the All Hazards Site regions comply with all identified tasks and with the approval of the Pandemic Preparedness Coordinating Committee.

In order to share lessons learned and success stories with state and federal partners, a quarterly status and budget report will be forwarded to the Department of Health and Human Services.

_____ John Lynch, Governor	_____ Date
_____ John A. Stephen, Commissioner Department of Health and Human Services	_____ Date
_____ Richard M. Flynn, Commissioner Department of Safety	_____ Date
_____ (Insert name of designated fiscal agent)	_____ Date
_____ (Insert Name of City/Town Official and title)	_____ Date
_____ (Insert Name of City/Town Official and title)	_____ Date
_____ (Insert Name of City/Town Official and title)	_____ Date
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